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## On Dropsy

Dropsy is a putrefactive collection of serous or watery fluid in the cellular substance, or in the different cavities of the body. This disease obtains different appellations, according to the situation it may occupy in the body. It is termed anasarca when diffused thro' the cellular substance; Hydrothorax when the water is lodged in the cavity of the chest; Ascites when it is in the cavity of the abdomen, Hydrocephalus Internus in the head &c. It appears that persons of all ages & sexes are equally liable to Dropsy. There is in the human body a watery vapour continually exhaled & passed into the numerous cavities of intestines, which are capable of receiving it. This vapour is in the ordinary healthy state of the system, again taken up by a set of vessels peculiarly suited to the purpose, called the absorbents. If however there should be a superfluous exhalation of fluids, an accumulation of it ensues which constitutes the disease in question. This accumulation may proceed from a diminished power in the absorbents, as well as an increased action of the exhalants, Hence

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then it would seem that Dropsy depends upon one or other  
of the foregoing circumstances - or in other words upon  
a disproportion existing between the exhaling & absorbing  
systems. Dropsy may proceed from an immense variety of  
causes - But I think they may be divided into 3 kinds  
1<sup>st</sup> such as diminish the power of the absorbents - 2<sup>d</sup> such as  
increase the power of the exhalents - and 3<sup>d</sup> the rupture  
of the thoracic duct. Among the remote causes of Dropsy  
enumerated by medical writers, a family predisposition  
is one of the most prominent. It is sooner that a question  
- able point with me, whether there really does exist in  
the human body a prior, any such tendency to the  
accumulation of fluid. The effect perhaps is produced  
exclusively by peculiar habits of life transmitted  
from the parent to the offspring, which give it the appear-  
ance of being an hereditary disease. Scirrhuses of the liver  
more especially & of the other abdominal and even very  
frequently, are causes of Dropsy by the pressure they  
produce upon the ascending vena cava. Intermittents  
are amongst the most common causes of Dropsy, and

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perhaps from the circumstance of the pressure just  
mentioned from a scirrhous state of the liver, which  
state is extremely apt to attend intermittents of long  
standing. The long continued habit of intoxication &  
all such causes as impair the digestive powers. Prece-  
ding diseases of almost every description when they  
induce great debility, have a strong tendency to excite  
dropsy. Obstructions in the heart arteries & lungs, such  
as Polypus &c. I hope this cursory view of the disease under  
consideration will suffice for my present purpose.  
I deem it quite unnecessary to give a more detailed  
history - as I do not intend to treat distinctly upon each of  
its forms - on the contrary shall confine myself to that  
only, which is called Anasarca. And in the comparative  
view which I purpose taking of the various modes of  
treatment, shall endeavour to shew forth the superior  
efficacy of V.S. and cathartics in that state of the disease  
attended with febrile action. Anasarca then is a  
collection of fluid in the cellular membrane when  
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more of the causes cited, by a soft inelastic tumefaction  
of the feet & ankles; manifesting itself more especially in  
evening and subsiding again towards morning, but  
supervening the next evening for several days -  
This tumefaction yields to the pressure <sup>of the Fingers</sup>, whose mark it  
will retain for a time - gradually rising to a level with  
the surface. The skin becomes more pallid & transpar-  
ent than formerly - after a while the tumefaction is  
more extended - ascending gradually; showing itself  
upon the thighs & trunk, even until the face and eyelids  
participate in the swelling. At length the cellular  
membrane throughout the whole body becomes more or  
less inflated, and at this stage of the disease difficult as  
Spirandi comes on, accompanied with a watery expec-  
toration. The urine is various both in quantity & appearance  
sometimes of a pale whty colour and copious, then  
again it is of a higher colour, depositing a red & earthy  
sediment after standing - and much diminished in quan-  
tity. Thin & obstructed perspiration, yellow countenance  
and emaciation of the whole body ensue with a slow fever.

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Now in the history of this disease as it stands recorded in books of medicine this fever which is mentioned as one of the last symptoms is evidently nothing more than a hectic. It appears to me that sufficient <sup>not</sup> attention has been bestowed upon many of the symptoms of Dropsy, which when united, seem to me to prove incontrovertibly, that it is frequently in its first stage a febrile disease—not implying however that it is so in every instance. We find anasarca frequently a consequence of intermittent & of Dysentery Scarcitina and many other diseases of a febrile character. We find the urine exhibiting the usual marks of fever, we find the perspiration obstructed—thirst also attended—being that which characterizes fever—the bowels obstinately constipated—and we find that the blood drawn in this disease very frequently evinces the usual signs of inflammation. Would there therefore any impropriety in considering dropsy as participating more of the character of fever than has been generally imagined. In the words of Dr Rush, whether

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we admit the exhaling & absorbing vessels to be affected in general dropsies, by putrefaction, debility, palsy or rupture—or a retrograde motion of their fluids, it is certain that their exhaling & absorbing powers materially affected by too much or <sup>too</sup> little action in the arterial system. That too little action in the arteries should induce dropical effusions, has been long observed. It has been equally obvious—that the same effusions are sometimes produced, their absorption prevented by too much action in these vessels. That this fact should have escaped notice, is the more remarkable, considering how long we have been accustomed to seeing serous swellings in the joints in acute rheumatism & copious but partial effusions of water, in the form of sweat in every species of inflammatory fever. From the history of a great variety of diseases, it is not remarkable that there should be febrile action in one particular part of the system, whilst there was evident debility existing in every other part, as in common inflammatory fever—

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In the cure of this disease, we may approach it with the more confidence, when we are aware that it proceeds from topical or general debility only. But when occasioned by visceral affections, we need scarcely look forward to a radical cure, without first curing the primary affection—When the skin becomes moist and the flow of urine is considerably increased—we may be induced to prognosticate favourably. Sometimes the disease has a spontaneous crisis by the bowels, by vomiting, but most frequently by the urinary secretion. When anasarca is complicated with visceral obstructions as just mentioned we are to expect an unfavourable termination. Even when the visceral affection is the ostensible cause of the disease, we have it in our power merely to palliate the symptoms of Dropsy, unless the primary disease is completely and entirely under the control of the healing art. The indications of cure in anasarca, they are three, we must first endeavour to remove the morbid

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cause - next we are to evacuate the effused fluid  
and lastly restore the tone of the system and invigo-  
rate the general habit. To answer the 1<sup>st</sup> indication  
we must adapt our treatment to the original disease  
be it what it may - should the anasarca proceed  
from any. If it arises from intemperance of liv-  
ing - we must direct an alteration in the diet  
from exposure to a moist atmosphere, the patient  
must be removed to a high situation of dry atmosphere  
The 2<sup>d</sup> indication is answered by punctures made in  
the cellular membrane - or by exciting some of  
the excretions. Issues and blisters have been em-  
ployed for the purpose of evacuating the effused fluid  
from the superior parts of the body. They are  
however objected to in consequence of their dis-  
ability to produce gangrene. In order to excite the  
different excretions & thereby discharge the water  
diffused thru, the cellular membrane, various  
remedies have been proposed. Emetics, purgatives,  
diaphoretics & diuretics have been employed for

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the purpose. The action of all these medicines is to promote the power of the absorbents. Of the first class I have little to say. From the circumstance of absorption being powerfully increased under the operation of emetics, we would be induced to place great confidence in them and to expect wonderful effects from them. But I think their exhibition has not <sup>been</sup> followed with as much ~~as~~ success as that of other remedies proposed for the same purpose. Their use is succeeded by so much debility as to render their efficacy at least dubious. The Sulphas lupui is one however which has less tendency that way than any other, we come now to speak of a class of remedies, upon which we can scarcely lay too much stress. The exhibition of purgatives has heretofore had in vicio, principally, the evacuation of water thro' the medium of the absorbents, from their long established efficacy that way. But besides this circumstance may, I not be said that they are also useful in reducing

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inflammatory action? I should argue from the charac-  
ter of this disease as I attempted to describe it  
in the commencement of this treatise. When we  
use purgatives we should never relax them until  
some sensible impression is made upon the ab-  
sorbent system. Being extremely cautious at the same  
time to give them at as short intervals as the strength  
of the patient will allow: By that means guard-  
ing against the excessive debility they are apt  
to induce. The remedy of this class which merits  
most attention, and which has acquired the greatest  
celebrity, is the crystals of Tartar or the sulphate  
of Potash. This medicine seems peculiarly well  
adapted to this species of dropsy - and more espe-  
cially when it is accompanied with febrile action.  
Its operation is always most powerfully increased  
by the addition of Salap or some other dras-  
tic purgative. It becomes necessary in order to ensure  
the purgative effect of Gum Tartar to administer  
it dissolved in a small quantity of water, or in an

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electuary—at the same time cautioning the patient against drinking much of any fluid. I have also <sup>known</sup> excellent effects from the exhibition of Cal. & Salap. as well as from a combination of Sulphat of Potash & Salap. Diaphoretics have been employed to evacuate serous effusions—and they may unquestionably be of service under certain circumstances. In general however they prove inefficacious—and only add to general debility. Practitioners <sup>do</sup> recommend them to be tried when other means fail, which is a strong evidence of their total incompetency to cure the disease. It is scarcely possible that such a trifling discharge as they are capable of exciting should have any sensible effect of diminishing the collection of water. Various methods have been propos'd for the purpose of exciting a cutaneous discharge; some of which it may be proper to notice. Dr Thomas advises the patient to be placed between blankets, wearing a shirt & drawers of flannel next to his skin—and to drink p

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plentifully of tepid liquors - such as mustard &c by  
Dr Reid has recommended sea bathing & Dr Darwin  
suggests the propriety of effecting the same end  
by means of warm air & steam. I have never  
~~seen~~ known this practice adopted. The great  
probability is, that it would be equally as inef-  
fectual as the other means. The evacuation which is said  
to be attended with the most manifest advantage  
is that from the kidneys. It has the superior  
advantage of evacuating more water and of inder-  
-eering less debility than any other. The best medi-  
-cine of this class also is the crystals of tartar  
which enjoys as high a reputation as a diuretic  
as it does for its purgative powers. With a view  
to its diuretic effects, it should be given in  
a very diluted state. It has been long  
supposed that the symptoms of dropsy would  
be much aggravated by the copious use of  
fluids - in consequence of which, an entire  
abstinence from fluids has been long enjoined

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This is a cruel practice as well as an extremely improper one. It has been ascertained that drinking copiously has a most powerful tendency in promoting the urinary discharge. In addition to which, it has been ingeniously said that the vessels of the kidneys become torpid and collapsed by the diminution of fluid and the consequence is, an evident increase of the effused fluid. One of the best diluents is water with a little acid - the Sulphuric for instance. Drs Glome and Ferriar bear ample testimony to the great powers of the Crem Tartar, and from numerous experiments made with it, declare most unequivocally, its great superiority over the Digitalis. But the comparison is unjust in as much as the two medicines are not applicable to the same states of the system. The Digitalis has a strong claim upon our attention as a diuretic. It has been clearly shown what happy effects may be derived from its use under certain

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circumstances, and from not being acquainted with the fact, that there is but one state of the system to which it is properly suited, the ill effects resulting from it are to be readily accounted for. Dr. Bailey first gave Digitalis in every state of the system from an impu-  
-sion, that it was equally applicable to every stage and species of Dropsy. He afterwards changed his opinion and thought it exclusively adapted to those cases of the disease induced by drunkenness and debauchery. It was his custom to give opium at night, and when he thought it practicable, he also employed the cold bath in conjunction with it. Some Ferriar and Cuvier do not so highly approve of this medicine - notwithstanding which, it now appears to be a settled point, that the digitalis is a most powerful remedy in Dropsy, when admin-  
-istered according to Dr. Bailey's directions in those cases which are attended with weak, intermitting pulse, pale countenance and great debility. But on the contrary in persons of tense fibre

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Strong pulse and florid countenance, its use is attended with evident disadvantage. His practice therefore was, to reduce the system by squills and Hemorhæticæ, before the exhibition of Digitalis. Of all the different species of Dropsy that which follows scarlatina is more immediately under the control of this medicine. The Squill has been long celebrated in the cure of Dropsy and may have been eminently serviceable; but I think the evidence in its favour is very slender, when compared with that of the Digitalis and the Hemorhæticæ. The Squill is best adapted to those cases of Dropsy which are complicated with visceral obstructions and should always then, be given in conjunction with Colicæ. The tobacco tincture, Hydrargyri, and Serpentine Contraction are all of secondary importance. Should the first remedies fail of answering our present indication, we might then give each of them

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a trial, It sometimes happens in despite of all we know of the modern *opere* of medicine, that after the most energetic have been employed for a long time ineffectually, by resorting to some comparatively inert of the same class, we are capable of effecting a cure to our great surprise. It remains for us now to meet the 3<sup>d</sup> indication, which is to restore the tone of the system ~~of the~~ and to invigorate the general habit. For this purpose the various tonics and astringents have been resorted to - such as the cinchona bark chalybeates and the acids together with moderate exercise, frictions with warm flannel and supporting the dependant parts of the body with bandages. It has been customary likewise to combine diuretics with tonics in the event of very great prostration of strength. The diet in Dropsy should be light & nutritious constituted principally of meats which <sup>are</sup> easily digested and as has been already mentioned <sup>they</sup> should drink freely.

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Besides all these various means to cure dropsy, there  
remains to be mentioned one which I have seen  
very successfully employed in 3 different cases  
within the last two years, whilst I resided at  
Washington City. In that state of the system  
in which Dr Withering forbids the use of Digitalis  
&c. may unquestionably be resorted to with advantage  
at the same time that we use purgatives & diuretics.  
The first case which I saw treated after this manner  
was that of Mrs Hewson in the Washington Infirmary.  
Her legs and feet were immensely tumefied, and her  
abdomen partially so; her pulse was quick & full, her  
countenance florid and her system not especially  
debilitated. Dr Ferriarose's pupil was, & once  
advised when treating her case by bleeding and  
purgings, under which treatment she happily recovered  
and has since had no return of the complaint. The  
two other cases were so nearly similar, both in pathology  
and in their cure, that it is unnecessary to detail them.  
I have likewise had two other cases of the same sort, since  
furnished to my view, the same treatment was successful.

